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## PREFACE.

THE subject of Spermatorrhæa, under the combined influence of Professional Fallacies, Popular Delusions, and the vilest Quackery, has become, if not the "greatest of our "social evils," an evil of such gigantic proportions, that I am sure every one at all acquainted with the subject will agree with me, even should he differ from the views I have expressed in the following pages, that it is time some attempt should be made to stem the torrent of mistreatment, causeless suffering, unnecessary alarm, and extortion to which the Real and the Imaginary sufferers under this disorder are now alike exposed.

With this view, then, I venture to submit the following "brochure" to the profession, and to all interested in the question. How far it is calculated to fulfil the end proposed is not for me to say. I can only venture to express a hope that it may not entirely miss its aim; and should it not, I shall feel that the time I have devoted to my subject has not been altogether mis-spent.

#### F. B. COURTENAY.

 CHANDOS STREET, CAVENDISH SQUARE, December 30th, 1857.

#### ON SPERMATORRHOEA.

OF all the diseases to which man is liable, there are none which cause more intense mental anxiety to the sufferer, or more embitter his social relations and happiness, than those which affect his generative system or copulative powers. At the same time, prevalent and important as these disorders are, I know of no maladies "to which flesh is heir," the nature, consequences, and treatment of which are so surrounded and entangled by professional fallacies and popular delusions, as well as by the grossest and vilest impostures of quackery.

Dr. Pickford, in his truly valuable work on True and False Spermatorrhœa,\* justly remarks, "Of all forms of Hypochondriasis,

<sup>\* &</sup>quot;On True and False Spermatorrheea, with a view to the correction of wide-spread errors," Translated from the German of Dr. Pickford. Published by H. Baillière, 219, Regent Street, London.

"there is none which presents a worse character, and none which more embitters human life, than that which takes the sexual relations for the object of its gloomy fancies."

"Terrified in all sorts of ways by philan"thropists—often ill-advised by physicians—
"and preyed upon in the most shameless
"manner by quacks—patients suffering from
"this terrible calamity are, in fact, deserving
"of the greatest sympathy; and it is really
"time that some explanation of their mis"fortunes, accompanied by consolation, should
"be afforded by the medical profession."

These remarks, although made in reference to the state of this question in Germany, are equally applicable to its condition in this country. Indeed, it would be impossible to give a more accurate description of the position of this class of patients amongst ourselves.

It is now upwards of twenty-four years since I was first led to turn my especial attention to the study and treatment of the diseases of the genito-urinary organs. At

that period, and perhaps for some twelve or fourteen years after, some of the most important of the maladies to which the generative system is liable—such as the various forms of generative and copulative debility to which I shall have occasion hereafter to refer—were almost universally considered by the profession as imaginary disorders, the creation of half-crazed patients; whilst Spermatorrhea, of which we now hear and read so much, was an unknown disease.

The publication of M. Lallemand's work, "Des Pertes Seminales," in France, and its subsequent translation and publication in this country by the late Mr. Mc Dougall, at once established the fact that these disorders were not so purely ideal or so unimportant as had hitherto been very generally supposed; and hence many members of the profession, who had previously ignored the existence of this class of maladies, were led to investigate the subject, and, as a necessary consequence, to admit the reality of such complaints. Indeed, even those who have not thought it worth their while to devote any especial

attention to the subject, have been compelled to acknowledge that such diseases do exist. Hence, it is, I think, now generally admitted, that maladies of this class are real. But. notwithstanding this unanimity, if we inquire further, and enter on the question of the frequency, importance, consequences, and treatment of these diseases (especially that of Spermatorrhea) we shall meet with a great diversity of opinion. The professional disagreements and fallacies are very numerous on these questions. Some affect to consider these complaints as exceedingly rare and of trifling import, whilst according to others they are exceedingly prevalent, of the greatest importance, and their consequences most disastrous. Then again we find others entertaining opinions of every shade between these two extremes.

I would now, before entering on the consideration of this diversity of opinion in a merely medical point of view, offer some remarks on the general aspect which these different views present, their influence on the conduct of some members of the profession,

and the consequences hence entailed on the real or imaginary sufferers who seek their aid.

. Some members of the profession, and very eminent members too, without venturing to deny the reality of this class of maladies, when consulted by patients who in reality or imagination are labouring under them, act as if they either deemed them ideal and of no importance, or else thought it beneath their dignity to undertake the treatment of such disorders. Now, to such I say, it is a fallacy to deny the reality of these diseases—a fallacy to treat them as of no importance—and a still greater fallacy to think their treatment beneath the dignity of the most exalted in the profession. To take the first of these objections: Even admitting that there is no reality in these diseases, that they exist only in the disordered imagination of the patient, it would still be a fallacy to treat the imaginary sufferer as one beneath consideration, inasmuch as it is equally within the scope of our duties to pay attention to mental irregularities as to physical disorders. An imaginary sufferer under

any malady, is as much entitled to our attention and sympathy, as he who is actually labouring under any real affection.

It was justly remarked by the late Dr. John Gregory, in his Lectures on the duties and qualifications of a physician, in referring to the treatment of that class of patients commonly denominated Nervous, that :-"Although the fears of these patients are "generally groundless, yet their sufferings " are real; and the disease is as much seated " in their constitution as a rheumatism or a "dropsy. To treat their complaints with "ridicule or neglect, from supposing them " the result of a crazy imagination, is equally "cruel and absurd; they generally arise " from, or are attended with, bodily disorders " obvious enough; but, supposing them other-"wise, still it is the physician's duty to do " everything in his power for the relief of "the distressed. Disorders of the imagina-"tion may be as properly the object of a "physician's attention as those of the body; " and surely they are frequently of all dis-" tresses the greatest, and demand the most "tender sympathy." An eloquent writer on Nervous Diseases \* also truly remarks :-- "He "who, in the study or the treatment of the "human machinery, overlooks the intellec-"tual part of it, cannot entertain very correct "notions of its nature, and falls into gross "and sometimes fatal blunders in the means "which he adopts for its regulation or repair. "Whilst he is directing his purblind skill to "remove or relieve some more obvious and " superficial symptom, the worm of mental " malady may be knawing inwardly and un-"detected at the root of the constitution. "He may be in a situation, like that of a " surgeon, who, at the time that he is occu-" pied in tying up one artery, is not aware "that his patient is bleeding to death at "another. Intellect is not omnipotent; but "its actual power over the organised matter " to which it is attached is much greater than "is usually imagined." Again, the same author remarks:--" Nervous diseases, from 'their daily increasing prevalence, deserve,

<sup>\*</sup> Reid "On Hypochondriasis."

"at the present time, a more than ordinary " degree of attention and interest on the part " of the medical practitioner. Yet nothing " scarcely can surpass the inhumanity, as well "as the folly, with which patients of this " class are too frequently treated. We often "act upon the ill-founded idea that such " complaints are altogether dependent upon "the power of the will; a notion which, in " paradoxical extravagance, scarcely yields to "the doctrine of a modern, though already "obsolete writer, on the 'Philosophy of "'Morals,' who asserted, that no one need "die, if with a sufficient energy he deter-" mined to live. To command or to advise a " person labouring under nervous depression " to be cheerful and alert, is no less idle and "absurd than it would be to command and " advise a person, under the direct influence " of the sun's rays, to shiver with cold, or one "who is 'wallowing naked in December's "'snows' to perspire from a sensation of " excessive heat. The practice of laughing at " or scolding a patient of this class is equally "cruel and ineffectual. No one was ever

" laughed or scolded out of hypochondriasis. "It is scarcely likely that we should elevate "a person's spirits by insulting his under-"standing. The malady of the nerves is in " general of too obstinate a nature to yield to " a sarcasm or a sneer. It would scarcely be " more preposterous to think of dissipating a " dropsy of the chest, than a distemper of the "mind, by the force of ridicule or rebuke. "The hypochondriac may feel, indeed, the "edge of the satire as keenly as he would "that of a sword; but, although its point " should penetrate his bosom, it would not be "likely to let out from it any portion of that "noxious matter by which it is so painfully "oppressed. The external expression of his "disorder may be checked by the coercive "influence of shame or fear; but, in doing "this, a similar kind of risk is incurred to " what arises from the repelling of a cutaneous "eruption, which, although it conceals the "outward appearance, seldom fails still more "firmly to establish the internal strength, to "increase the danger, and to protract the " continuance of the disease."

Every one must admit the force, as well as good feeling, evinced in these remarks; and it is, therefore, to be regretted that they are not more frequently kept in mind by those who may be called upon to treat any one of the various disorders comprised under the term "Ner-" vous;" whilst, if they are more applicable to one form of these maladies or one patient of this class than another, they are to the victim of nervous sexual debility; and a neglect of them is almost sure to occasion much unnecessary anxiety and suffering.

As I am one of those who think that one fact is worth a bushel of theories or a volume of assertions, I will here relate a case out of many similar ones which have fallen under my notice, in order to show the mischief occasioned to patients by a display of indifference such as that I have referred to.

An officer in the army called to consult me under the impression that he was suffering from Spermatorrhea. After having asked him such questions as the nature of his case required, and having made an examination of some discharge which he brought me, thinking it to be seminal, I found that he was one of that difficult class to treat, an imaginary sufferer under the malady. I expressed an opinion to this effect, but found that he, nevertheless, remained deeply impressed with the notion that he was labouring under Spermatorrheea in its worst form. Upon this I questioned him further as to his grounds for thus thinking; and then it came out that before coming to me he had applied to a notorious quack firm, who had assured him he was labouring under Spermatorrhea of the most aggravated nature, and that every time he urinated, semen was discharged with his He was further told that if he did not place himself under the care of the firm, and take their celebrated remedies, he would have softening of the brain! For the cure thus offered to him, the modest fee of four hundred guineas was demanded. amount was not obtained from him, but he was defrauded out of a considerable sum of money during the period he remained under their care.

Upon my expressing surprise that an edu-

cated man like himself should have applied to such fellows, and saying that I thought his conduct very foolish, his reply was, that, situated as he had been, he did not think he had acted so very foolishly. I asked him what he meant by that, upon which he told me, that before he had gone to the quack firm, he had consulted one of the most eminent members of the medical profession; and that this gentleman evidently listened to his narration of his case with great impatience and indifference, and upon the conclusion of his history, handed him a prescription, saying, "There, take that for six weeks, and if it "does not do you any good, I don't know "what will." The interpretation the patient put on this conduct and the remarks was, that he need not trouble himself to call again.\*

<sup>\*</sup> I should state, that after several interviews, I had the pleasure of fully removing his groundless fears. On the war with Russia occurring, he went to the Crimea, and remained there during the whole campaign. On his return he called on me, and said that, notwithstanding the privations and fatigue he had in common with the rest of our army undergone, he was stronger and in better health than he had ever been before.

Judging from this reception that he would fare no better if he applied to any other equally well-known and eminent member of the profession, he was induced, by seeing the specious advertisements of the quack firm, to seek their aid. Now I have the pleasure of personally knowing the professional gentleman here referred to, and during the last sixteen or eighteen years have been in the constant habit of meeting him in consultation, and I am sure, from my knowledge of him, that this behaviour resulted from no intentional unkindness on his part, but solely from the unfortunate feeling of reluctance to attend to such cases, which, both from my own observations and from information obtained from patients, I know to be entertained by too many members of the profession. I would fain hope that the knowledge that such conduct is calculated to drive patients of this class to seek the aid of some one of the numerous and infamous impostors\* (self-dubbed

<sup>\*</sup> For a complete exposure of the system adopted by these men in establishing and carrying on their fictitious medical firms, the snares they set to entrap their victims,

M.D.'s and surgeons) who infest this metropolis, will be alone sufficient to prevent any medical man from pursuing a similar line of I am well aware that patients of conduct. this class are often most tedious in the narration of their cases; that the details they conceive themselves bound to enter upon are most painful, not to say disgusting to hear; nevertheless we must, as in many other instances in the course of the discharge of our duties, submit with patience, taking the rough and smooth with equal equanimity, and in the special cases in question, we should endeavour to forget the patient's vices in his woes.

I am very anxious to press this subject on the consideration of my professional contemporaries, because I have seen so much unhappiness resulting to patients from this neglect. With every care on the part of a medical man, patients of this class often take offence at what they imagine to be a display of in-

and the gross frauds they practise, see the introductory remarks by the Editor to the translation of Dr. Pickford's "True and False Spermatorrhosa." difference on the part of their medical attendant. I flatter myself that I am in the habit of listening with attention, and treating with kindness and every proper consideration, all patients who consult me, and yet I have found patients fancy otherwise, as the following case will show, and at the same time illustrate the morbid sensitiveness of the class of patients I am now referring to.

A young clergyman residing in the country consulted me on his case; one of Spermatorrhœa, as he imagined. He stated that he was sure there was an escape of semen on his voiding urine, and in order to determine the point he brought me some for examination. I, however, could not detect any appearance of semen, and after making every necessary inquiry into his symptoms, I came to the conclusion that marriage was all that was required for the removal of his symptoms. entered very fully into his case with him, and thought I had satisfactorily explained away the symptoms which had caused him unnecessary alarm, and we parted. Some time after this he called upon me again, and asked me if I recollected his case; I answered, "Perfectly." "Well," said he, "I am afraid " you will be angry with me, and say I have "been very foolish, when I tell you that, "thinking you did not attach sufficient im-" portance to my case, or else might be wrong " in your opinion, I went to Dr. - after " seeing you, and he examined my urine and " told me that it contained semen. " gave me a frightful description of the con-" sequences of Spermatorrhea, and wound "up by saying he was the only person in " England who could cure the complaint, and "if I would place myself under his care, he "would cure me for the sum of twenty "guineas. As this appeared a very reason-"able amount, I agreed to his terms, and " paid the money. I then returned into the " country, taking with me a supply of medi-"cines. I wrote to him from time to time "for some two months, and received more " medicines. I also occasionally sent up to "him some urine for examination. At length "I was told the appearance of semen in the " urine had ceased, and I was, consequently, " cured. To this communication I replied, it "was strange to me that if I was cured I " should still have, as far as my feelings enabled " me to judge, all the symptoms which had "led me to consult him in the first instance. " and I must therefore beg he would continue "his attendance. Several letters passed be-"tween us on this subject, but finding I "could not get any more medicines from " him, I resolved on going up to London and "having a personal interview with him. " accordingly came up yesterday and called "on him this morning. He desired me to " pass urine, and then proceeded to examine "it; and no sooner did he do so than he "exclaimed, 'My God! you are very bad. "' There is a great quantity of semen in your "' water. Oh, you are much worse than I "' thought; your case is a very dreadful one. "'It will take a great deal of time, perhaps "' years, and much money—five hundred "' pounds—to cure you.' I was perfectly " astonished at this, and reminded him that "I had already paid him the money he had "demanded as the price of my cure. 'Oh,'

"'replied he, 'that was a mistake, I did not "'think you were so bad, I must have more "'money. How much have you got in your "'pocket?' I was foolish enough," continued the patient, "to admit I had ten pounds "with me, and although I now saw the true "character of the man, and was resolved to "have nothing more to say to him, yet, in "order to get out of his house, I gave him "that sum, and I have now come to you to "ask you to give me your opinion once "more."

"Well," I said, "what can I do to satisfy "you? I feel convinced there is nothing the "matter with you, and that you have been "duped by the man you have applied to, "who, by the by, is no physician at all, and "nothing more or less than an impostor."

"Well," continued the patient, "it strikes "me that, although the man is an impostor, "he may be right in his assertion that I "am labouring under Spermatorrhæa; for although you did not formerly detect any appearance of semen in my urine, it is possible that he did on the many occasions on

"which he examined it, whilst, as you only "examined it on one occasion, there might possibly not have been any then, and at other times a great deal." "Of course this "was possible," I said. "Well, then," urged the patient, "will you object to make a daily examination, for a week or ten days, of a portion of all the urine voided during that period?" I replied, if he desired it I would do so, although I thought he was putting himself to much unnecessary trouble and expense. However, finding that nothing short of this would satisfy him, it was so arranged.

I made the examinations required, and never once detected any trace of semen in the urine, upon which he wrote to express his thanks to me, adding that the result was such a lesson to him as would prevent his ever again becoming the dupe of Dr. —— or others of his class.

Again, some medical men, without at all entering on the question as to the reality or non-reality of these maladies, affect to consider these cases "nasty," and on these grounds seek to avoid them. Others boldly declare, that as most of such cases are the result of unnatural and immoral habits, the sufferers are justly punished for their conduct, and are unworthy of the attention and sympathy of any one.

Now I conceive this to be a monstrous fallacy; for surely it is entirely beyond the scope of any medical man's duty to sit in judgment on the applicants for his professional services. According to my idea of professional duty, every man is bound to do all in his power to afford relief to every sufferer who seeks it at his hands, without question as to the causes or nature of the malady. When he has afforded the desired relief, or whilst he is doing so, he may with perfect propriety avail himself of his position to point out in a kind and Christian spirit both the physical and moral evils which excesses of all descriptions will entail on those who practise them. Such a line of conduct, whilst it could not fail to gain the confidence and gratitude of the patient, would also be one of the best means of putting an end to

the frightful system of quackery and extortion, which is now so extensively and successfully carried on by the host of impostors whose filthy advertisements disgrace the pages of the majority of the newspaper press of this country.

As I have already remarked, the publication of M. Lallemand's work in France, and its subsequent translation and publication in this country, had the effect of directing the attention of a portion of the profession to the special diseases of which it treats. There can be no doubt that such a result was calculated to confer considerable benefits both on the profession and on this class of patients. Nevertheless, it is a question in my mind whether the evils which have indisputably resulted from the exaggerated representations which the work contains in respect to the consequences of Spermatorrhœa, as also from the fallacious and dangerous method of treatment recommended, and from other causes to which I shall presently allude, have not hitherto greatly outbalanced any benefits which the work might otherwise have conferred; for,

unfortunately, when M. Lallemand's work first attracted the attention of the profession in this country, little or nothing was known of these diseases. Medical men in England had therefore neither any theoretical or practical knowledge wherewith to guide them to a correct estimation of the soundness of his opinions and conclusions, or the merits or demerits of the mode of treatment which he recommended; whilst, at the same time, the high position which M. Lallemand had attained in France, gave such apparent authority to his statements and opinions, that they were almost universally received here with implicit faith. Hence every sexual hypochondriac-every patient who in reality or imagination laboured under any form of generative incapacity or debility—every one who suffered from nocturnal emissions—nay, even those who did not suffer from them,\* as also every person who observed slight oozing of mucus from the orifice of the urethra, with

<sup>\*</sup> In this latter case, the absence of nocturnal emissions was attributed to the occurrence of diurnal involuntary seminal emission on the patient's urinating.

or without the occurrence of an erection of the penis, or who experienced a mucous discharge on visiting the water-closet, was held to be labouring under Spermatorrhea, and at once cauterized! A fallacy at whose shrine hundreds have been mercilessly sacrificed! However, had the implicit faith with which Lallemand's doctrines and mode of treatment were received been confined to the profession, the evils resulting from them would have been in a great degree cured by time and the results of increased experience. I conceive it would be impossible for any intelligent member of the profession to have frequent opportunities of treating this class of patients, and fail to arrive at any other conclusion than that Spermotorrhœa is neither so frequent a disease per se, nor in conjunction with sexual hypochondriasis, or various other forms of sexual debility, nocturnal emissions, and other discharges, as Lallemand represented, as also that the means of cure recommended by him was neither so efficient nor so safe as he represented.

But, unfortunately, the perusal of Lalle-

mand's work was not confined to the profession; on the contrary, it obtained a large circulation amongst the public, or, at least, that portion (no inconsiderable number) who in reality or imagination suffered under some one of these maladies. Hence Spermatorrhœa became, if not a household word, a familiar term in the mouths of this class of patients; and the same implicit reliance which the wellestablished reputation of the author obtained with the profession, acted, if possible, with greater force in leading the general reader to receive all the doctrines of Lallemand as established facts. Thus every real or imaginary sufferer under some one of the above diseases, immediately attributed all his maladies to the existence of Spermatorrhea. The popular delusion thus sanctioned by such apparently high medical authority, became at once and has ever since been firmly established in the public mind.

At the same time, the clear-witted and infamous traders in this class of maladies were not slow in detecting the opportunities these popular delusions offered them of still further

practising on the credulity and fears of the real or imaginary sufferers under Spermatorrhœa and other disorders of the generative system. And thus from that time to the present their filthy advertisements, and still more filthy works, were filled with references to Lallemand's statements and opinions, accompanied with the most frightful accounts of the frequency and consequences of the disease; whilst every patient who chanced to fall into their hands was sure to be told that he was labouring under Spermatorrhœa, and straightway a system of terrorism and extortion was put in practice towards him which, to those who have not had opportunities of becoming acquainted with the nefarious proceedings of the advertising quacks, would appear utterly beyond all belief.\*

Thus, as I have remarked, it is more than doubtful if the good M. Lallemand's work

<sup>\*</sup> The introduction by the Editor to the translation of Dr. Pickford's "True and False Spermatorrhoea," published by H. Baillière, contains a full and complete exposure of these men, and every patient should make himself acquainted with the facts therein contained.

was calculated to confer on the profession and the public, by calling attention to this class of diseases, has not been outbalanced by the professional fallacies and popular delusions to which it has given rise.

. As I have before stated, it is now upwards of twenty-four years since my attention was first directed to the special consideration of the diseases of the genito-urinary organs. During this lengthened period, I have enjoyed. such extensive opportunities of acquiring a practical knowledge on these maladies as I trust it is not presumptuous in me to say has fallen to the lot of but few of my professional contemporaries. On recalling to my remembrance the results of my first ten years' experience, and comparing them with those of my later years, and what I now every day hear and see, I find the sentiments of the profession and the ideas and feelings of patients totally different from those which prevailed twenty-four years since. I find these diseases more or less acknowledged in the profession as real; and I further find that professional journals, which, in bygone days, contained

articles the gist of which went to prove these maladies ideal, and those who asserted the contrary, men whose only object was to batten on the credulity and fears of imaginary sufferers, now not only recommending the study and treatment of this class of disorders to the profession generally, but even pointing out the advantages likely to result from medical men becoming "specialists" in this department of medical and surgical practice. much for the changes in the medical aspect of my subject; and the like changes are no less remarkable in its non-medical aspect; for whereas in former years patients would come and explain, in plain language, the symptoms which led them to infer they suffered under some form or degree of sexual debility, now they come, one and all, with the same cuckoo cry of Spermatorrhœa.

Let us now look back to the earlier periods I am referring to. What were the real or imaginary complaints on which one was consulted in those days? What were the popular delusions of those times in relation to derangements of the generative system?

It will be sufficient for my present purpose to divide the patients of those days into two principal classes. In class one I would place young men varying in age from eighteen to twenty-four years, who came complaining of suffering from nocturnal emissions, to which they sometimes rightly, but more often wrongly, attributed a host of evils, both mental and physical, under which they suffered, or imagined they suffered, just as in these days young men of the like ages come complaining of Spermatorrheea as the source of their real or imaginary ailments. In class two, I range those patients of a more mature age, say from thirty to fifty, who apply, complaining of a partial or general loss of power in the reproductive organs. These patients formerly attributed, sometimes correctly or sometimes incorrectly, their condition solely to the result of venereal excesses either with women or from unnatural habits. or to some constitutional defect. At present this class, like the first, attribute their sexual debility, under the prevalent popular delusion, to Spermatorrhea, produced by the

same causes; and in this opinion those medical men who still adhere to Lallemand's fallacies will confirm them; whilst the class of impostors to whom I have already referred will not hesitate to confirm them in the same delusion with an oath, if their so doing would add an additional guinea to their ill-earned Nevertheless, I feel warranted, from many years' attentive study of this question, solemnly to declare my conviction that it is impossible for the medical man or the patient to entertain a greater fallacy than to attribute sexual debility, in the majority of cases, to Spermatorrhea. Repeated observations have convinced me that Spermatorrhea, to such an extent as to be injurious to the vigour of the generative system, or of the general health, so far from being the almost constant cause, as now too generally supposed, of the different forms of sexual debility of which patients complain, is, on the contrary, a most rare one.

So rare have I found the occurrence of involuntary seminal losses to such an extent as to warrant the conclusion that they have

occasioned the symptoms of debility complained of by the patient, that I have been perfectly surprised at the results of my investigation of the subject. Attracted in common with others in the profession by M. Lallemand's publication, I was especially led to fresh investigation, with a view to test the correctness of the theories advanced by him on these questions, and although, on becoming acquainted with his opinions and representations as to the nature, extent, and consequences of involuntary seminal losses, I was immediately satisfied of their exaggerated character, I was totally unprepared to find his opinions on these subjects and his mode of treatment so utterly fallacious and dangerous as I now believe them to be. On first commencing my microscopical examination of the samples of urine and urethral discharges voided at the water-closet, and on other occasions, by patients, and failing to detect any evidence of the presence of semen in the great majority of instances, I feared this result arose from a want of experience and dexterity on my part in the use of the microscope. Hence I repeatedly obtained the assistance of two medical friends who had for years been familiar with the use of this instrument. Finding they were no more successful than myself in detecting the presence of semen in a great number of samples I sent them at different times, my suspicions as to the rarity of this kind of seminal losses became confirmed, and daily increased experience has more and more fully established this conviction in my mind.

Briefly, then, I would state as the result of many years' experience and assiduous investigations, in many hundreds (I might say thousands) of cases, that in more than half of the instances in which urine and mucous discharges collected on glasses have been brought to me for examination by patients who have been told, or who have fancied (the majority were among the former class), they were suffering from involuntary seminal losses on urinating and on other occasions, I was satisfied that there was no foundation for such opinions; whilst, even in a considerable number of those cases in which I did detect semen, I

found that the urine, or the mucous discharges which were collected daily and brought to me, did not, perhaps, contain semen more often than once in every third or fourth sample, and very often the intervals were extended to from four to ten days; and on all these occasions the quantity of semen appeared so small, that it would have been ridiculous to suppose so trifling a loss of this secretion could (except through the influence of the mind) produce any sexual debility. In a few instances I found patients subjected to very frequent and copious involuntary seminal losses-mostly occurring on voiding the feecs. But these cases most certainly formed the exceptions, and not the rule.

With such results of many years' observations I can arrive at no other conclusion than that the too prevalent idea existing in the profession, that to Spermatorrhea are to be traced most of the instances of sexual debility and derangements of the generative system, of which patients so frequently complain, is a professional fallacy, and the like belief amongst patients nothing more or less than a popular delusion, pregnant with fearful sufferings to those who labouring under it are induced to submit to the cruel, dangerous, and inefficient method of cauterization recommended by M. Lallemand, or the caustic injections adopted by others. In cases of True Spermatorrhæa, and in which there is no doubt that the involuntary seminal losses are the cause of the patient's sufferings, the application of the solid lunar caustic, or the employment of caustic injections, is equally inefficient and dangerous.

I might adduce a great many examples of the mischief and sufferings occasioned to patients from the adoption of these methods of treatment, but the limits I have assigned myself in the present publication will not allow me to relate more than one or two examples.

The following history was contained in a letter addressed to me by a gentleman residing in the country. Its date was March 8th, 1852.

"Between the age of twelve and fourteen "I commenced at school the practice of mas-

"turbation, and continued it with some slight " intermissions till I was sixteen or seventeen. "I was then first made aware of the mischief" " I was too apparently doing to my constitu-"tion. I found, on relinquishing it, that I was "troubled with nocturnal emissions once or "twice a week, sometimes more frequently. " I remained in this state until I was twenty. "About this time I was led to consult ----, "who represents himself as a legally qualified "M.D. After paying him most awfully, I "left his care in the same nervous state as "when I applied to him, suffering still from " nocturnal emissions and great difficulty in "retaining my urine. After this I lay still " for a time; indeed, until I happened acci-"dentally to fall in with Mr. McDougall's "work 'On Spermatorrhea.'" (The patient evidently refers to Mr. McDougall's trans2 lation of M. Lallemand's work.) "I imme-"diately placed myself under his, Mr. " McDougall's, care, and ultimately went and " staved a week at his house; he examined "my urine, and discovered involuntary di-"urnal as well as nocturnal seminal emis" sions, and advised me to submit to cauteri-"zation, which I did, and did not feel any " more pain at the time than from the mere "passing of a bougie, which he had done " previously. I now left his house, as he "hoped that this cauterization would be "sufficient for my cure. I, however, con-"tinued to take his medicines; but, as I "found no benefit either from the operation " or the medicines, he again advised me to "submit to cauterization, as he fancied that "the action of the caustic was interrupted in " the first place by some urine in the urethra. "I went to town, and on this occasion he " passed an instrument first, and afterwards "another charged with caustic. I cannot "say that I experienced any great deal of "unpleasantness from the operation. "sensation was something similar to the "pricking of a needle. This time I had a "copious discharge for several days. I felt " but little benefit from this last cauterization. "However, Mr. McDougall told me I had "now only nocturnal emissions, as he could " not detect any semen in the urine. After "this I withdrew myself from his care. "have suffered up to last spring with the " nocturnal emissions, which occur sometimes "two or three times a week, and then cease " for an interval of three or four weeks. " have great difficulty in retaining my urine, " especially if I take a glass of beer or spirits. "About nine months since I applied to a " surgeon here, who is considered clever; but "I could find he was not at home with my "complaint. However, he advised me to " submit to cauterization, which I did. "operation was attended with a good bit of " pain, and produced considerable inflamma-"tion, accompanied by dreadful pain at the "time of micturition, as also a discharge, "which lasted nearly a month. Ever since "this, I have had a smarting pain every "time I make water, and the emissions con-" tinue."

Having in reply to this communication requested the patient to favour me with a personal interview, he some short time afterwards called upon me. Thinking it advisable to ascertain the condition of the urinary canal, I attempted to pass such a sized bougie (a No. 10) as should have at once passed to the bladder, but I found its progress arrested within an inch of the orifice of the urethra. Upon this I tried various smaller-sized instruments, but with no better success; and finally I found I could only, and that with difficulty, succeed in passing a very small flexible catheter, less in size than a No. 1 bougie. In the further passage of the instrument to the bladder, I felt it pass through two more exceedingly broad and indurated strictures—one about two inches down the urinary canal, the other just at the commencement of the membranous portion of the urethra.

In addition to these evidences of the serious nature of the injury inflicted by the cauterizations, there was extreme sensibility and spasms throughout the whole course of the urethra.

In answer to my inquiries, I learnt that the patient had never suffered under any venereal disease or from Gonorrhea, nor had he laboured under such a degree of sexual debility as to prevent his indulging in sexual intercourse whenever it so pleased him. In short, originally he had nothing to complain of beyond the occurrence of occasional nocturnal emissions, such as most young men suffer from, who have not opportunities of regular sexual intercourse, after having abandoned the vice of self-abuse.

This case does not merely illustrate the dangers of cauterization per se, but it is also full of instruction in regard to the evils I have referred to in the preceding pages as flowing from the Spermatorrheeal Monomania now so prevalent both in and out of the profession.

First.—A young man who has, like too many others of his age, been initiated into a baneful habit, which it is not necessary further to describe, ultimately, on becoming sensible of its injurious character and immorality, abandons the practice. Upon this, like every young man who does not have regular sexual intercourse, he suffers more or less from nocturnal emissions. It may be as a result of the irritability and morbid excitability which frequently accompany the

practice referred to, and which very generally remain long after its abandonment, that in this instance the emissions were somewhat more frequent than a young healthy man who had not indulged in this kind of excess would experience; but there is no reason for thinking they were so frequent as to be very injurious; for he was in good health, and could indulge in sexual intercourse whenever he wished, and had an opportunity of doing Suffering, then, under these emissions, his attention is attracted by a quack advertisement, containing references to nocturnal emissions, Spermatorrhæa, &c., and he is thus led to consult the fellow, and as a matter of course is assured that he is labouring under Spermatorrhea, and the announcement is followed up by the usual description of the terrible nature and consequences of this malady;—he is then for a time the dupe of the quack, who loses no time in fleecing him. At length, he can stand the exorbitant demands made upon him no longer, and he withdraws himself from the quack's care. He has lost his money, but fortunately escapes

without injury to his health. Well would it have been for him had the lesson he received have opened his eyes completely to his delusion; but unfortunately they were only half opened. He saw the man under whose care he had been was an impostor, but the Spermatorrhœa monomania remained in full vigour; and hence he sought further aid, and applied to the late Mr. McDougall. say it with all due respect to the memory of that gentleman, that the patient could not have made a more unfortunate selection; for this gentleman was, so to speak, saturated with all M. Lallemand's theories and exaggerations, as well as a follower of his dangerous method of treatment. The severe strictures of the urethra which resulted from the cauterization, are a sufficient commentary on the treatment adopted by this gentleman and by the medical attendant in the country.

A gentleman came from India for the purpose of placing himself under my care. He informed me that he had suffered under repeated attacks of gonorrhea, and had altogether led what is called a free life, both in

regard to indulging in sexual intercourse and drinking. His last attack of gonorrhea left an obstinate gleet, and he observed shortly after, that on going to stool, a glairy mucous secretion was discharged from the urethra. He likewise found his general health failing, and he gradually lost, or nearly so, the power of sexual intercourse. The surgeons whom he consulted in India had prescribed various medicines without benefit. At length it was suggested that the patient's symptoms were the consequence of Spermatorrhea. examination of the discharge evacuated on going to the water-closet was made, and it was pronounced to contain Spermatozoa. Cauterization on Lallemand's plan was recommended and adopted. The patient describes the pain as having been most intense, both at the time of the operation and for some hours after it. The scalding, on voiding urine, was awful, and the difficulty so great as nearly to amount to retention. A profuse discharge, tinged with blood, which continued for some days, was produced by the application of the caustic, and blood was passed every time the patient voided urine. No benefit resulted from the operation. After some time the operation was repeated, and succeeded by the train of symptoms already described, and so again on one or two more The patient derived no benefit from these severe measures; but, on the contrary, all his former symptoms remained, aggravated by others of a worse character; for he now suffered under a constant and severe pain in the urethra, which was increased to an almost unbearable degree of intensity in passing urine: deep-seated pain in the perineal region, darting backwards towards the rectum; and when he had emission on connexion-which he could rarely accomplishthe darting, cutting, and burning sensation which he experienced along the course of the urethra and perineum was of a most distressing character. Every time he voided urine, or evacuated the fæces, there was the same glairy discharge which he had at first, and which his medical attendant said contained semen. Reduced by the very means adopted with a view to his cure to this deplorable condition, he was induced, through the advice of a friend of his who had been a patient of mine, to come to England for the purpose of placing himself under my care.

Apprehensive that the spasms, pain, and difficulty in urinating, although too evidently occasioned in the first instance by the cauterization, might now be maintained from the formation of a stricture, I proceeded to examine the urinary canal with a full-sized bougie (No. 10). Its passage along the whole of the anterior part of the urethra occasioned unusual pain; and as soon as it reached the posterior portions, the pain was so intense, and the spasms so violent, that I was compelled to withdraw the instrument before it had passed to the bladder. However, on a subsequent occasion, I was able to pass a No. 4 metallic bougie to the bladder; and although its passage gave more pain than is usual on the introduction of instruments, yet the pain was not so unbearable as on the first attempt.

As it was evident that this condition of the urethra would, if allowed to continue, lead to no other result than the formation of one or more permanent strictures of the worst character, I determined to attempt its removal by a careful course of bougies, aided by appropriate medicines.

Accordingly, bougies (commencing with one of so small a size that its introduction caused comparatively little pain), smeared with a preparation of belladonna, were regularly passed twice a week, and a mixture, containing infusion of Buchu, tincture of Hyoscyamus, &c., prescribed.

Under this treatment, all his more urgent symptoms subsided in the course of little more than two months, and a full-sized bougie could be passed with ease. The discharge at stool, and on urinating, occurred less frequently, and was smaller in quantity. Tonics and cold bathing were now prescribed and steadily persevered in for some months, and ultimately the patient perfectly recovered and returned to India a married man. I have recently been attending a relative of his, from whom I learned that the patient continues well, and is the father of three or four children.

In the summer of 1851 I was consulted by a tradesman, who had been cauterized by a medical gentleman well known as a great advocate of this mode of treating Spermatorrhea. The patient told me he suffered dreadfully on the performance of the operation, and that a few days after he was attacked with inflammation of one of the testicles, which confined him to his bed for some time. On his recovery he found he had derived no benefit from the severe treatment which had been adopted. Upon my asking him if he had informed the gentleman who had operated on him of the consequences which had resulted from the cauterization, he replied he had not done so, as he did not desire to have anything more to do with him.

I mention this latter circumstance, because I have so often been astonished and at a loss to reconcile the bold assertions of the advocates of cauterization, to the effect that they never have had in their own practice any instance in which unpleasant results had followed their treatment, when I know of many cases in which these parties have themselves

operated, with anything but pleasant results to their unfortunate patients. The statement of this patient, that he did not inform his medical attendant of the consequences of the cauterization, may explain away the difficulty. At all events, I would hope that their repeated assertions of the safety and nearly universal success of their mode of treatment proceed rather from the fact that all their patients have thus silently "cut them," than from a reckless disregard on their part, both of truth and of the sufferings of the victims to their fallacies.

I might continue to repeat instances in which patients have, in addition to those detailed in the preceding cases, been made to suffer in every possible way from this system of cauterization. As for example,—from severe rigours, retention of urine, profuse hæmorrhage, &c.; but it is surely unnecessary, after the instances related, to add anything to the proofs which they afford of the inefficiency and danger of cauterization. Besides, I fancy some of the gentlemen who adhere to M. Lallemand's doctrines, and pro-

fess to practise his treatment, are not quite so insensible as they would have us believe to its severity. Be this as it may, I find some of them now recommending the application of the caustic in a modified form; that is, in the shape of injections, varying in strength from ten to twenty grains of caustic to an ounce of water. The solution thus made is. by means of a syringe, forcibly injected down the whole course of the urethra; thus exposing both the sound and the diseased portions of the urinary canal to the action of the caustic solution. When I say diseased portions, I must not be thought thereby to admit the soundness of the doctrine of M. Lallemand and others, that Spermatorrhœa is mainly due to the existence of chronic inflammation or morbid irritability of the In using the term here, I verumontanum. merely do so by way of illustrating the mode of practice. The gentlemen who recommend and pursue it say it is unattended with any untoward results. My own observations and experience of the effects of using a caustic injection of even ten grains to an ounce of water, both in cases of real or imaginary Spermatorrhea, or in gleets, have led me to a totally different conclusion. I never saw an instance in which such an injection was used, that the patient did not complain of considerable pain,-in many cases, I have seen them walk about the room, twisting their bodies about in great agony; and in addition, they have felt the most painful desire to urinate, accompanied by spasmodic contractions along the whole course of the urethra. In many cases actual retention has occurred; and I have known the irritability and spasmodic action thus excited continue long after the more urgent symptoms have ceased. Indeed, the patient has often appeared to have recovered entirely, but on indulging in some excess in sexual intercourse, or in drinking, or even from exposure to cold, he has been attacked with violent spasms, and perhaps even with a total retention of urine.

The spasmodic irritability thus excited by the caustic, often runs first into spasmodic stricture, and this in its turn leads to the formation of one or more permanent strictures of the urethra.

But that I may not be supposed to deal in general assertions, I will here relate a case which will serve to illustrate the serious and permanent evils which the use of strong caustic injections do, notwithstanding all that is said of their invariably harmless nature, sometimes produce.

About two-and-twenty years ago, a young gentleman, who was at that time at college, contracted a gonorrheea, which, after some time, terminated in a gleet. Being anxious to get cured, he came to London and placed himself under the care of a surgeon; but finding every means fail in removing the discharge, it was at length determined to try the effect of a caustic injection. Upon this being done, the patient immediately experienced the most intense pain, accompanied by violent spasmodic contractions along the whole course of the urinary canal, and on his next occasion to void urine, it was only with great difficulty that he succeeded in expelling a small quan-From this period he began to have tity.

difficulty at all times in passing urine, and also became subjected to sudden attacks of spasms and retention of urine. Ultimately these became so severe and frequent, that he was obliged to give up the usual amusements of a country gentleman, hunting and shooting. At length, about a year before I saw him, he came up to London and placed himself under the care of a very eminent surgeon of one of our metropolitan hospitals; but he returned to the country without deriving any material benefit from this gentleman's treatment. Finding himself much worse after his return home, he a second time came to London and placed himself under the care of the gentleman whom he had before consulted; but somehow, no progress was made in the removal of the strictures, and a profuse hæmorrhage having been produced, as he fancied, from the violent way in which an instrument was on one occasion passed, and to which succeeded a severe attack of retention of urine, he withdrew himself from this gentleman's care, and, by the advice of a friend of his, applied to me.

I treated this case by the application of the

kali, with such benefit to the patient, that in the course of three weeks he appeared to be completely relieved; indeed, for a period of two years, the only inconvenience he experienced from the malady was the necessity of occasionally passing a bougie; but after that period, the attacks of spasms and retention returned, and in the course of four years after my first seeing him, he was so tormented by them, that he came to London and placed himself under my care, and I again apparently afforded him complete relief; but he has, over and over again, been obliged at different times, up to the present, to seek relief from my hands; for although he regularly passes bougies himself, the spasms, somehow, always gain ground on him, and then the attacks of retention come on. Thus, we see, the longcontinued annoyance and suffering which the employment once, only, of a caustic injection may inflict. The mischief entailed on this patient will only cease with his life, whilst it is even not improbable that it may cause his death.

I have selected this case to illustrate the

mischiefs which the use of caustic injections may produce, because it not only shows us the immediate results which follow the employment of this kind of injections, but in addition affords us the somewhat unusual advantage of ascertaining, through a long series of years, the career of the patient, and the life-long evils entailed on him by one single act of mistreatment. Let the medical man who contemplates the treatment of Spermatorrhea by the caustic injection method, so much recommended, pause and ask himself if he is justified in exposing his patient to such a life of after-suffering as the preceding case shows, even if he were thereby sure of curing his patient. How much the more, therefore, should he hesitate when it is more than doubtful that he will, by employing this treatment, expose his patient to these terrible risks, with little or no prospect of benefit!

Now the advocates in this country both of the method of treatment by cauterization with the solid lunar caustic and of the caustic injections, not only repeat M. Lallemand's assertions as to the entire impunity from pain or danger of these modes of treatment, but they add their own assertions to the same effect. Now if we are to credit these gentlemen's reports of the ordinary course of their use of caustic or caustic injections, little or no pain is caused thereby, and in two or three days all effects of the caustic applications disappear. Not one solitary case is adduced by them to show us that sometimes the effects of the caustic are more lasting and serious; yet if they have been so strangely fortunate in the results of their own practice, they cannot be unaware that their own authority and model has not been equally so. Quoting him, referring to him as they do, they must surely be aware that, in numerous instances, his own account of the symptoms following on the application of the caustic is directly opposed to their representations.

If this be the case (and I will prove it is byand-by) what confidence can we place in any of their assertions? If they are capable of slurring over or suppressing all reference to the records which Lallemand himself has placed before his readers, of the effects of the

caustic lasting for a period of nearly three weeks, how can we credit their representation of such different results in their own practice? Now, if the reader will procure M. Lallemand's work in the original language (I say in the original language, because the details I am about to give are suppressed in the translation) he will find M. Lallemand in one case saying, "I performed cauterization, from the " neck of the bladder as far as the membra-" nous portions of the urethra. During five "days the urine was bloody; the patient's " agitation was increased, and other accidents "occurred," (unfortunately M. Lallemand does not tell us what the "other accidents" were), "but from the sixth to the fifteenth "day, these symptoms rapidly diminished." Here we see, instead of two or three days, it is fifteen before the "accidents" resulting from the caustic ceased.

In another case, he says, "I proposed "cauterization, which was performed rapidly "over the neck of the bladder and more "slowly over the mucous surface of the prostate; the pain was very severe, but dimi-

"nished very quickly." It further appears that "long-continued baths" and other remedies were necessary to allay the inflammation which the application produced. In the case of another patient, he says, "I caute-"rized the membranous portion of the canal; "acute and long-continued pain followed, "and the urine was bloody." Three weeks elapsed before the inflammation subsided in this instance.

Again, in another instance we are told, "I slightly cauterized the bladder near its "neck, and more severely the prostatic por"tion of the urethra, closing the instru"ment before it reached the bulb. The 
"operation produced its usual effects. Five 
"days after the urine no longer contained 
"blood" (from this statement it would appear that the "usual effects" of the operation are 
to cause a five days' hæmorrhage from the 
urethra whenever the patient had occasion to 
void his urine), "and within fifteen days it 
"passed without pain or inconvenience." 
So that, in addition to voiding bloody urine 
for five days, the "usual effects" involve a

prospect of fifteen days more to be passed, before the patient can expect to void his urine without pain or inconvenience!

In another instance we find that "imme"diately after the operation there was a
"pressing desire to urinate, and blood passed
"with the urine During the following
"night he (the patient) experienced a pain"ful seminal emission; he passed urine only
"once, but with acute burning pain. On
"the following day, the patient only passed
"urine four times, but always with burning
"and a slight discharge of blood."

I think that the reader will agree with me, that the above is tolerably good evidence that the operation of cauterization does very generally (at all events in France) produce, to use the mildest terms, some unpleasant consequences; whilst the remarkable discrepancy which we find between the asserted results of the operations according as they are performed by the practised author or by his imitators, is "passing strange." Judging by the light of my own personal experience, as well as from the information I have received

both from professional men.\* and from patients, I am convinced that M. Lallemand's accounts afford a correct description of the "usual effects" resulting from the application of caustic to the urethra. Consequently, the contrary statements of his imitators can only be regarded (especially when we see, as the above extracts from the original work of M. Lallemand show, how they have suppressed all reference to the "accidents" he so candidly and fairly relates) as totally unworthy of our belief.

I trust that the remarks I have made, supported as they are by the cases I have related, will be sufficient to convince the reader that the method of treatment recommended by M. Lallemand and others is not so free from ill consequences as they would fain make us believe. I shall, therefore, no longer dwell on this point. But as it is not

<sup>\*</sup> On meeting Sir B. Brodie one day, I asked him his opinion of cauterization as a means of curing Spermatorrhoea. The reply of this distinguished surgeon was, "I have never known it to do any good, but have often "known it to do much harm."

improbable that some of my readers may say to themselves, "Well, it may be all true "enough that strictures of the urethra and "the other ill consequences adduced by Mr. "Courtenay, and even detailed by M. Lalle-" mand, have been now and then produced by " the method of cauterization, and by the use " of caustic injections; yet, as this disease is " very distressing and often difficult of cure, "whilst according to M. Lallemand and "others who practise these methods, they "are nearly always successful in removing "the disorder by one cauterization or the " use of one caustic injection, it is still worth "while to incur all these risks with the " prospect of obtaining so prompt and cer-"tain a cure." I say, as patients may probably thus think or speak, I would now proceed to inquire how far these representations are warranted by the experience of those who have directed their attention especially to this point.

The results of my own observations as to the asserted safety and efficiency of these methods, I have already stated, and I have also stated the answer I received from Sir B. Brodie, as to the result of his experience, and that answer fully accorded with my own views. The English writers on this question, however, are so few that little or no information on these points can be derived from this source. But, fortunately for the elucidation of our inquiries, no such reluctance exists in the members of the medical profession in France and Germany, to study and treat this class of maladies, as I have had to animadvert upon, as existing amongst ourselves; and we are enabled to obtain from these sources much valuable practical information on all points connected with our subject.

Thus, in regard to the question of the almost invariable success which is stated to have attended the caustic treatment, we find there are no more grounds for this claim than for the asserted freedom of this treatment from pain, suffering, and danger.

Dr. Wintrich, whose opinion, Dr. Pickford remarks, must be the more unbiassed, inasmuch as he has himself expended considerable labour on the improvement of the porte-caustique, writing to a medical friend on this point, thus expresses himself: "In the meantime, "I must acknowledge to you, that I attach "but little value to cauterization, either in "Spermatorrheea or in Stricture, although, in "too great reliance on Lallemand's repre-" sentations, I at first used it frequently, and " sometimes abused it. I have in eight years " cauterized twenty-nine individuals for ima-"ginary and sometimes for real Sperma-"torrhœa; but only in two cases, have I "found a permanent improvement; in the " majority, only a transient amelioration; and "in some, even an aggravation of the ma-" lady."

Donné says that he has seen patients who have been treated by cauterization, not only by others, but by Lallemand himself, who yet were not cured.

Remak also says of Lallemand, after having spoken of the unquestionable services which he has rendered to suffering humanity—"He "(Lallemand) has, however, by an exagge-"rated representation of the consequences of "Spermatorrhœa, and of the effect of caute-

"rization in curing it, not only injured the "value of his contributions to science, but "likewise injured the patients themselves; "inasmuch as, by reading his book, they have been thrown into a disconsolate state about the future, almost amounting to despair, when the vaunted infallible remedy of cauterization has not immediately produced the promised effect."

Dr. Pickford also relates instances of similar failures. It is, therefore, I think, pretty evident that the caustic treatment involves considerable risks of not merely aggravating the patient's sufferings, but of adding other afflictions to them, whilst the prospect it offers of a permanent cure are very slight indeed, and most assuredly not such as would induce a prudent man to adopt it on so slender a chance of affording relief.

But when, in addition to the risk of some one of the ill consequences already referred to resulting from the employment of the lunar caustic, either in the solid form or in solution, and the uncertainty—indeed, little prospect—of relief they afford, it becomes known that there are, in truth, very few cases of so-called Spermatorrhoea, in which it would be necessary to employ them, even if they were capable of accomplishing all that their advocates assert, I am sure that every prudent surgeon will set his face against the reckless way in which some practitioners, by their use of both the solid caustic and caustic injections, are jeopardizing the future welfare and comfort of their patients.

To those who in reality or imagination only are suffering under Spermatorrhæa, I would say: read over and reflect well on the facts which I have in the preceding observations submitted, as well as on the further ones I shall by-and-by submit to you, before you permit caustic, either solid or in solution, to be applied to your urethra. Do not allow yourselves to be led away by mere assertions, no matter how apparently respectable the party may be who makes them. I have presented you with cases, which, if need be, I can authenticate, and I advise you, if you should feel disposed, notwithstanding what I

have said, to submit to this treatment, to demand of its advocates some reference to those who have undergone it. Be satisfied with nothing short of this; and then, at all events, if any ill consequences should result, you will not have so much cause to reproach yourselves with imprudence, as you would, if, in the face of the facts I have placed before you, you submitted yourselves to the treatment on the faith of mere general assertions of its safety and efficacy.

With these words of earnest caution, both to my professional and to my non-professional readers, I shall take my leave of this portion of my subject.

I have already stated as the results of many years' minute investigation of cases of Spermatorrhœa, or at least so called, under the influence of the existing monomania on the subject of involuntary seminal losses, that, in more than half of the instances in which I have been applied to, I have found that the patients did not labour under any such losses at all, although they had, in most cases, been previously assured they were suffering under

them to a great and alarming extent. These assurances, I should say, had in almost every instance been made to them by some of the advertising quacks.

In a considerable number of the remaining instances, and in which semen was found to have been contained in the urine, or glairy mucous discharges, (mostly collected on the patients going to the water closet,) I found the intervals so long between their occurrence—say, for periods varying from four to ten days, and then the quantity apparently so small, that it would be ridiculous to suppose such losses could have produced (save through the influence of the mind) either the general or the local debility of which the patients complained.

And lastly, I have occasionally found patients suffering from frequent and considerable diurnal involuntary seminal losses—such losses mostly occurring at the water closet; others have suffered from too frequently nocturnal emissions; but as I have already remarked, all these cases formed the exceptions and not the rule. To these remarks I would

add, that I have every reason to believe that such discharges may happen to healthy and vigorous men, and that, therefore, the mere fact of these occurrences must not be regarded as indisputable evidence of disease.

I have hitherto only referred in general terms to the subject of involuntary diurnal and nocturnal emissions, their causes and the evils they occasion, or are supposed to occasion, either on the general health and strength of the patients, or on the power and vigour of the generative and copulative functions. It now, however, becomes necessary for the elucidation of the result of my experience, and the views I have formed therefrom, that I proceed to a more full consideration of this subject.

The patients who usually apply for our medical assistance in these cases of true or false Spermatorrhæa,—as aptly expressed by Dr. Pickford, in order to distinguish the real from the imaginary sufferers under the complaint,—I should divide into three classes.

In the first class of this division, I would place the purely imaginary sufferers.

In the second, I range those applicants who are really suffering under a deranged and morbid sensibility of the nervous system, accompanied by a greater or less degree of mental and physical depression, as well as various anomalous and distressing symptoms, which, with more or less correctness, they attribute to voluntary or involuntary seminal emissions.

In the third, I would place those patients who are really impotent, and those who, although still, to a certain extent, able to perform the generative or copulative functions, are yet incapable of discharging them healthily and vigorously.

Now the generality of these patients, on applying to us, will, with more or less truth, attribute their imaginary or real disorders to their past excesses; occasionally, especially with such patients as have been long resident abroad, the excesses will have been committed in sexual intercourse. But in by far the majority of instances they attribute their condition to the effect of self-pollution, commenced in boyhood, and too generally con-

tinued up to the ages of eighteen or twenty, and not unfrequently to a much longer period.

Patients of the first division are almost always found to be young men, varying in age from eighteen to two or three and twenty. The histories we gather from them are something like what follows. A lad, by some unfortunate circumstance, acquires the habit of self-abuse, and follows the infatuating and delusive practice to a greater or less extent for a series of years. Suddenly his notice is attracted by an advertisement of some work (mostly by a quack), in which a reference to the habit and its destructive consequences is broadly made. His curiosity and, it may be, his fears excited, he secretly purchases and reads the book, and therein finds the most fearful pictures drawn of the ill effects the habit he has indulged in produces. Alarmed by these highly coloured representations, he resolves on immediately abandoning it. Firm in his resolution, he abstains from his evil practice for days, and doubtless he at once feels himself stronger

from so doing. He congratulates himself on his discovery of the ill consequences which might have resulted, had he remained in ignorance on this point, and continued his evil habit. He now hopes to escape scathless; when, lo! he is startled by the occurrence of one or more nocturnal involuntary emissions. Now he is horribly alarmed; as he finds in the books I have referred to, that nocturnal emissions are paraded amongst the first and most important ill consequences of the habit he has acquired: and as he now imagines himself attacked with the first of the asserted ill consequences, he is fully persuaded that he will very shortly suffer from the long catalogue of terrible disorders always so graphically described in the kind of works he has purchased. Maddened by these fears, he too often rushes for aid to the apparent authors of them, when his fears are sure to be worked upon for the vilest of purposes. He will be told to urinate, and a pretended examination of his urine will be made, and he is thereupon assured that his semen is passing away from

him continually; to this will succeed representations that if these diurnal and nocturnal emissions are not stopped, the spinal marrow and brain will waste away; and finally the patient become impotent, and even idiotic. Having thus worked upon the victim's fears, his pocket will next be attacked, and an enormous fee demanded for his cure—even to the extent of hundreds of pounds—ay, I may say thousands.

Now, if such a patient had chanced to fall in with any work on the subject in which this terrifying system was avoided, as, for instance, with Dr. Pickford's valuable treatise, he would have altogether escaped from his unnecessary anxieties and false alarms. He would then have seen that all healthy unmarried men, or those who do not indulge in regular illicit intercourse, are more or less subject to occasional involuntary nocturnal emissions, and that, so far from such emissions being evidence of disease, their nonoccurrence should rather be an indication of some defect in the generative economy. Of course, this is sup-

posing that such emissions are not too frequent, and the patient to be in the enjoyment of good general health. But even when such emissions are somewhat more frequent than might be strictly considered normal, yet their occurrence on the cessation of the habit referred to, is not of so much importance as some medical men and all patients deem. I am frequently applied to by nervous young men thus suffering. such cases, I first explain to them, as above, that every healthy man is more or less liable to have nocturnal emissions; consequently, that there is no need for them to be alarmed on that account: and even if the emissions occur somewhat more frequently than can be strictly considered natural, this is only to be regarded as the more or less inevitable result on the first abandonment of their evil habits. inasmuch as the effect of such habits is to produce both a state of excessive excitability of the sexual organs generally, as well as a morbid activity in those organs whose special functions are the secreting of the seminal fluid; and that hence, until the organs have had time to recover from the morbid excitement of both sensation and secretion into which they have been thrown, so to speak, by the habit referred to, these emissions must be expected. But they will in most instances gradually cease if the patient refrains from indulging in lascivious ideas, adopts a moderate diet, and takes plenty of out-door evercise. However, should they not, they can readily be arrested by proper medical treatment.

The following case will aptly illustrate the evils to which inexperienced youths are exposed from being unnecessarily alarmed by the occurrence of involuntary nocturnal emissions.

A young gentleman (an officer in the army at the time I first saw him), by the advice of one of the surgeons of his regiment, called on me in the month of November, 1851, for the purpose of consulting me. As the particulars of his case, as narrated to me at our first interview, became subsequently embodied in a bill in chancery, I shall give the history of the case from the statements made in that

document, merely omitting the legal forms, phrases, and technicalities, which, however necessary to legal minds, will, I fancy, be no assistance to the general reader's proper understanding of the case.

This document commences by the statement, that, "In or about the year 1849, " when the patient was about nineteen years " of age, and residing in the country under "the charge of a private tutor, he imagined "that his health was injuriously affected, and " in consequence of such imagination, and by "reason of his youth and inexperience, he " became and was alarmed and disturbed in "his mind about his physical condition. "And that while in this state of alarm and "anxiety about his health, he (the patient) "read in some public newspaper an adver-" ment of a treatise written and published by "Samuel La 'Mert, of 37, Bedford Square, " in the county of Middlesex, the defendant, "which was entitled 'Dr. La'Mert on Secret "' Infirmities of Youth and Maturity,' with "forty coloured engravings on steel." Then follows in full the advertisement of a work

entitled "Self-Preservation," pretty much as it may be seen daily advertised at the present time. It, therefore, need not be now quoted.

The plaintiff next states that "he was in-"duced by the terms of such advertisement "to write to the defendant, La'Mert, and "the latter sent him 'the said treatise;' in " return for which the plaintiff forwarded to "the defendant postage stamps in payment." The plaintiff's statement then continues thus: " From a perusal of the said work, the plain-"tiff became still more alarmed about his " health, and was led to write to the defen-"dant upon the subject of his health; and, " after one or two letters had passed between "them, it was arranged that the plaintiff " should come up to London, and consult the " defendant personally; and accordingly, and "in the month of June, 1849, the plaintiff "did come up to London and call upon and " consult the defendant upon the state of his " health, and the defendant then and there "examined him, and questioned him as to "his health and the habits of his life; and "the plaintiff, relying on and placing full

" confidence in the defendant as his medical " adviser, answered all his inquiries, and fully, "and without reserve, communicated to him "all the particulars relating to the malady "with which the plaintiff supposed himself "to be afflicted. In the course of the con-" versation which then took place, the defen-" dant asked the plaintiff what was his situa-"tion in life, and what were his means, and "his future expectations; and the plaintiff " stated that the truth was, his pecuniary re-" sources were then rather limited, but that "on the death of his father, who was a " baronet, and of a noble family, the plaintiff, "as his eldest son, would inherit a consider-"able fortune and the baronetcy. The de-" fendant then represented to the plaintiff "that the disease under which he laboured " had produced impotency, and that the most " fatal consequences would ensue from such a " disease unless its progress was stayed; and " he described the effects of the said supposed " disease in such a manner, as to induce the " plaintiff to believe that his life and happi-" ness were in the greatest danger. But the

" defendant then also stated that he could " cure the plaintiff of the said supposed dis-" ease, and could prevent the occurrence of "the dreadful consequences he had so de-" scribed, if the plaintiff would accede to the "terms which the defendant then proposed; "and he then further stated that he was " willing to undertake to cure the plaintiff, if "he, the plaintiff, would secure to him the "sum of two thousand pounds as his fee. " Although the plaintiff was much alarmed "at those statements of the defendant re-" specting the disease under which he alleged " the plaintiff to labour, and as to the effects "thereof, he declined to agree to the pro-" posed terms. However, notwithstanding "this refusal, after some discussion between " the defendant and the patient, the plaintiff "became so much terrified and distressed at "the representations and statements of the " defendant, that he consented to the terms "proposed by the defendant as aforesaid; "and the defendant then and there sat down "and drew up a paper, in which the plaintiff "was made to acknowledge himself to be

" labouring under impotency, and to promise, " in consideration of the defendant's under-" taking the treatment of his case, to pay him "the sum of two thousand pounds on the " death of his father; and the defendant re-" quired the plaintiff then and there to sign "the said paper; and the plaintiff did, under " the influence of the terror which the defen-"dant's representations and threats had "created in him, comply with the said de-"fendant's said demand, and did then and "there sign the said paper accordingly, and "gave the same to the said defendant; and "the defendant thereupon gave the plaintiff "some medicine, which he alleged it was " necessary that the plaintiff should take, and "which the defendant alleged would effect a "cure of the disease which he stated the " plaintiff to be labouring under."

The narrative then proceeds thus:—"In "fact, the plaintiff was not labouring under "any disease whatever when he saw the "defendant as aforesaid; and when he so, as "aforesaid, signed and gave to the said de-"fendant the said paper, although he was in-

"duced by the defendant's representation to "suppose that he was labouring under the "said supposed disease.

"The plaintiff had not any opportunity of consulting any person whatever, before he signed and gave the said paper to the defendant, but he was wholly in the power of the said defendant, who took advantage of the plaintiff's youth and inexperience, and abused the confidence which plaintiff had reposed in him as his medical adviser; and before the plaintiff signed the said paper, the defendant had, by his representations, reduced the plaintiff to such a state of nerwousness and terror, that he was wholly unfit to think or act for himself.

"The defendant did not give to the plain"tiff, nor suggest to the plaintiff to take, any
"copy of the said paper, nor has the plaintiff
"now, nor has he ever had, any copy thereof;
"and the defendant continued, after the
"meeting hereinbefore mentioned, to occa"sionally supply the plaintiff with medi"cines for the said supposed disease, and the
"plaintiff continued to take such medicines,

"but without deriving any benefit there"from.

"Shortly before the plaintiff attained his "age of twenty-one years, and in or about "the month of April, one thousand eight " hundred and fifty-one, while the relation of " patient and medical adviser subsisted be-"tween the plaintiff and the defendant, the " defendant wrote to the plaintiff, requesting " him to give the defendant a promissory note " or bill for the said sum of two thousand " pounds, for which he had obtained from the " plaintiff the said paper as aforesaid; and "he enclosed to the plaintiff the proper " stamp, with a written form to be copied by "the plaintiff thereon. The plaintiff at first " hesitated to give the said note or bill; but " being still under the impression which the " before-mentioned representations of the de-"fendant had made on him, and being ex-"cited, nervous, and terrified by the state-" ments which the defendant had made to "him, and his own dread of exposure, and "the defendant having repeated his applica-"tions for the said bill or note, the plaintiff,

"copying from the said form furnished by the said defendant as aforesaid, drew upon the said stamp a promissory note or bill for two thousand pounds, payable six months after the death of his father, and sent it to the defendant, who duly received the same. But the plaintiff, having kept no copy thereof, is unable to state accurately whether it was a bill or a promissory note which he so signed and sent to the defendant.

"The dread of exposure, and the state of terror which had been produced by the defendant upon the plaintiff, prevented him from consulting, and he did not, in fact, consult any person whatever before he signed and sent to the defendant the said promissory note or bill, and he was wholly in the power of the defendant with reference thereto, who again took advantage of the plaintiffs youth and inexperience, and of the confidence he had reposed in the defendant as his medical adviser; and the plaintiff was, in fact, not a free agent when he signed and sent to the defendant the said promissory note.

"In the following month of July (one "thousand eight hundred and fifty-one) the "defendant attempted to induce the plaintiff" to give him a further security for a part of "the said sum of two thousand pounds, by "an assurance on his (the plaintiff's) life for "one thousand pounds, for the benefit of the "defendant; but the plaintiff did not give "him such further security.

"The plaintiff continued to take some of "the medicine of the defendant, but he " was ultimately led to believe that he had "been imposed upon by the defendant, and " in or about the month of April last, became " desirous of withdrawing from the hands of "the defendant, and of having the said pro-" missory note or bill and paper delivered up; " and thereupon the plaintiff wrote to the de-" fendant upon the subject, and in reply, he " received a letter from the defendant, dated "the twenty-ninth day of April, one thousand " eight hundred and fifty-two, which was in " the terms and to the effect following; that " is to say:—'In reply to your letter, I think "'when you reflect upon the contingencies

"'that may happen before I come into pos-"'session of the sum agreed on between us, " 'that the amount is not quite so great as "' you make it appear. In the first place, I " 'take my chance whether you outlive your "'father, and secondly, I may be twenty "'years before I get paid, for it is by no " 'means improbable your father may live so "' long. You are also engaged in a hazard-"' ous profession, and may be called abroad; "' when campaigning, a morbid effect of cli-" 'mate may seriously endanger my prospect, "' and the only way I see to settle this affair "'at once, would be to make me a reason-" 'able offer of ready cash to end it entirely. "'If not convenient to do so, the matter "' must rest as it is. Reflect on it and write "' to me again when you have made up your "' mind how you intend to do.'

"Prior to the receipt of the said last-mentioned letter, the plaintiff had obtained a commission in a regiment in Her Majesty's service, and he received the said letter when he was with his regiment in the country, and he delayed answering the said letter. "But in the beginning of the month of No-"vember last, having become convinced that "he had been imposed upon by the defendant, "he came to London with a view to obtain "advice as to the necessary steps to be taken "by him in the matter.

"The plaintiff has since consulted two
"eminent surgeons practising in London, and
has been advised by one of them, as the fact
is, that at the time when he applied to the
defendant as aforesaid, the plaintiff was not
labouring under any disease that required
medical treatment, and the plaintiff has
been advised by the other of the said surgeons, as the fact is, that the plaintiff has
not laboured under any kind of disease,
though he has suffered from an inconvenience to which other young unmarried men
are liable."

As I have already said, this extraordinary history was told me by the patient at our first interview. Upon further inquiry of the patient as to his reasons for thinking himself ill in the first instance, he informed me, that the principal cause of his fancying there was

something seriously wrong with his generative system, was his having nocturnal emissions. He had not the slightest idea that such emissions were the natural result of puberty, and that all young men were, more or less, liable to have them if they never had sexual inter-He also informed me, that he had course. never known a moment's peace of mind since his first consulting Mr. La 'Mert-for, what with the fears that individual's statements as to his condition had created, and the recollection of the documents he had signed, he was in a constant state of nervous excitement. The reader may imagine the state he was in, when he learns that the surgeon of his regiment considered him unfit for his military duties; and that hence he had, before seeing me, sent his papers (as the term is) to the authorities at the Horse Guards, with the view of giving up his profession.

At the time of his calling upon me, he was greatly excited; his tongue white; and, in a word, the whole system afforded evidence of the great nervous irritability under which he laboured. I at once explained to him the

nature and cause of the nocturnal emissions, and assured him if he would only cease to torment himself on the subject, he would soon Having, with great difficulty, succeeded in tranquillizing his mind on the subject, I then assured him that he need have no fears with respect to the documents in the hands of Mr. La 'Mert, as I felt convinced that, if he took proper steps, that person would be compelled to restore them. recommended him at once to inform his father of his situation, and his family solicitor; but as he expressed the greatest objection to informing his family until after he was freed from his liabilities, and, at the same time, earnestly requested me to place the affair in the hands of my own solicitor, I consulted my brother, Mr. Charles Courtenay, of Lincoln's Inn Fields, and, after taking counsel's opinion, it was determined to file the Bill in Chancery from which the above narrated particulars are taken. Upon this being done, an injunction was at once granted to restrain the defendant from negociating the bill for the £2,000 accepted by the patient,

which was served on the defendant without delay.

I likewise recommended that Sir B. Brodie should be requested to see the patient and give his opinion on his case. Accordingly, an hour having been appointed for the consultation, I accompanied the patient to Sir Benjamin's. The result of our consultation will be best shown by the following written opinion:

## "B. C. BRODIE.

"14, Saville Row, November 9th, 1852."

These active steps having been taken, and the patient's mind put to rest, the medical treatment was very simple—a few doses of blue pill and saline aperients were all that was required to restore the secretions to a healthy condition, and the patient to a state of health and happiness to which he had long been a stranger.

It now only remains to state the result of the legal proceedings. The defendant did not put in an answer to the Bill, and, therefore, the statements it contains may be considered to be admitted as correct in the main. After certain negociations and proceedings, which it is not necessary to detail, it was arranged that the case should be referred to the decision of the respective counsel employed, and an umpire, in case the two former gentlemen could not agree. The following is a copy of the written award:—

## " --- v. LA 'MERT.

"We both agree that the plaintiff is enti"tled to a decree for the delivery up of the
"note and all other papers, and that the de"fendant is liable for the cost of the suit.
"We differ in this, whether the defendant is
"entitled to anything for the medical assist"ance given by him to the plaintiff.

"J. V. Prior, for the defendant, considers "that the plaintiff ought to pay something "to the defendant for what the defendant

"did to him, and that the amount may be "estimated as equal to the costs of the suit, "so as in effect to give the plaintiff a decree "without costs. He relies on the corre-"spondence, especially the latter portion of "it.

"G. L. Russell, for the plaintiff, considers "that the alleged medical service was part of "the fraud, and ought not te be paid for.

(Signed) "George Lake Russell.
"J. V. Prior."

On this difference of opinion, the services of the umpire were called in, with what result, the following document will show:—

"I am of opinion that the plaintiff is en"titled to a decree for the delivery up of the
"note and all other papers; and that the
"defendant is liable for the costs of the suit;
"and that the defendant is not entitled to
"anything for the medical assistance given
"by him to the plaintiff.

(Signed) "C. J. SELWYN.

<sup>&</sup>quot; Lincoln's Inn, 5th August, 1853."

The defendant refused to act on these awards, on the ground that the arbitrators had exceeded their powers in ordering him to deliver up the patient's letters. He, however, offered to abide by the award in this respect, if the plaintiff would forego his costs, thus, in effect, making a demand of some seventy pounds for returning the letters the plaintiff had addressed to him. Of course such a proposal, under the circumstances detailed in the Bill, could not be entertained; and it accordingly became necessary to apply to Vice-Chancellor Sir Page Wood, for an order to compel the defendant to act in accordance with the decree of the arbitrators and the umpire; and on this being done. Sir Page Wood confirmed the award.

I have related this extraordinary case by way of caution to inexperienced youths, and, as the facts speak for themselves, any comments I might make on them would be superfluous.

With these remarks, I leave the patients I have placed in my first division, and now

proceed to the consideration of the cases of those patients I have ranged in my second.

These patients, as I have already said, are really suffering, and they are right in attributing their ailments in a great measure to excessive seminal losses. Nevertheless they are mostly wrong in this respect, viz.—that under the all-prevalent Spermatorrheal delusion which exists at the present time, they attribute their maladies principally to real or imaginary existing involuntary spermatic losses, instead of to the voluntarily excited seminal discharges of an earlier period, by the practice of self-pollution. Now this is a very grave error, and one in every way fraught with much mischief. the first place, this belief that the distressing nervous and other symptoms under which they for the most part suffer, are caused by existing involuntary and imperceptible losses of semen, on urinating or on discharging the fæces, or on the mere occurrence of erection. or even a partial one, is of itself such an incessant source of mental anxiety and fear, as

to add greatly to the patient's sufferings, as well as to render his treatment and cure more difficult.

In the second place, this erroneous notion is one of the main inducements to patients to submit to the vicious treatment of cauterization and caustic injections. If, therefore, we can show that patients of this class, in a great majority of instances, do not suffer from Spermatorrheal losses, and even when they do, such losses are not the cause of the symptoms of deranged health under which the patients labour, we shall, not only by the instantaneous mental relief this knowledge will afford them, have made considerable progress towards their cure, but we shall also free them from the risk of falling victims either to the cauterizers or to the quacks. For whilst the former base their treatment on this theory, the latter equally make it the fulcrum of their system of terrorism and extortion.

Patients of this class are mostly, like those of the former—young men who have been from early youth upwards guilty of masturbation; in whose cases, either from a more ex-

cessive or a more prolonged indulgence in the practice of onanism, or from inherent weakness of constitution, the baneful habit has produced a host of anomalous and distressing symptoms of deranged health, from which the former have happily escaped. Now, as the vulnerability of the various organs of the body differs in different individuals, as the heart in one, the lungs or the stomach in another, the brain in a third, &c., so we find, according to the existing predisposition, that the catalogue of evils resulting from onanism embraces in different subjects the greater part of the diseases which afflict the human body. But this is not all; the provocative of a sense, which when excited acts upon all the organs, and with which they all have a certain sympathy, taking place at a time when their mode of action and sensation. that is, their temperament, is forming, must render the constitution of the latter different from what it would have been if its development had taken place in tranquillity, and free from any such influence. It is then not merely the health that may suffer from

the precocity of the generative organs, but also the constitution or temperament. who would have reached the age of virility endowed with a strong constitution, and perhaps even with one of those constitutions which enable the body to resist successfully that crowd of evil influences which are constantly assailing us all, will be destined to live, thanks to onanism, in a state of susceptibility and impressibility which will render him peculiarly vulnerable to all those influ-That vice then compromises both the present and the future; the present by the diseases which it produces; the future by those of which it lays the foundation. If the young man's life escapes, it will still be mortgaged with a heavy debt of evils, the interest on which he will have to pay for long years to come, and perhaps for life.\*

Now of all the disorders which premature and excessive venereal indulgences are capable of producing, the first and most com-

<sup>\* &</sup>quot;Essay on Sexual Debility," added to the translation of Dr. Pickford's "True and False Spermatorrhoea,"

mon is certainly, according to the results of my experience, derangement of the digestive organs. Hence, then, in addition to the material loss of semen,\* and the nervous exhaustion which results in an especial degree from masturbation, we have, in considering both the possible ill consequences and the symptoms which are occasioned by the practice of onanism, to take into the account the effects on the organism of the want of a proper and sufficient supply of nutrition. And this applies equally to all periods of life. For whilst in the youth, a due supply of nutritive matter is essential to the proper growth and development of both the mental and physical powers, so also is it equally important to the full-grown man, in order to repair the wear and tear of his organism, which is incessantly occurring. If we compare the symptoms generally observed in severe cases of prolonged indigestion, we shall find they resemble, exactly or nearly so, those which are

<sup>\*</sup> It is asserted that one ounce of semen is equal to forty times its weight of blood.

paraded, and, as I think, too exclusively assigned to the effects of Spermatorrhæa. The following account of the symptoms which result from disorders of the digestive organs, is taken from Dr. Elliotson's "Practice " of Physic;" and if the reader will compare them with those described by authors on Spermatorrhæa as resulting from that malady, he will find that they correspond in a remarkable degree.

"The bowels are generally irregular; and for the most part they are torpid, but sometimes they are relaxed. In other cases, you find an alternation of costiveness and relaxation; so that they are never right. The fæces, too, are frequently unhealthy. Frequently you observe them lumpy; but they are of various morbid degrees of consistence, and of various morbid degrees of consistence, and of various morbid their usual smell. Sometimes there is a great want of bile; and sometimes there is even a degree of icterus. From the irritation of the stomach, the urine usually becomes high-coloured; but at other times,

"especially when there is a great quantity of "wind generated in the stomach itself, the "urine becomes excessive in quantity, and "pale, just as in asthma.

"Other parts of the body, however, suffer "as well as the gastro-intestinal, or (as it "used to be called) the alimentary canal. "There is frequent headache, either general, " or particularly in the forehead; and very "frequently it is confined to one part of the "forehead,-to one brow. Sometimes it is "intermittent, and sometimes absolutely pe-"riodical. I have no doubt, however, that "occasionally this headache does not arise "from the state of the stomach; for dis-"turbance of that organ may be produced by "cold, or vexation of mind; and then, when "it comes to be very severe, it will make a "person sick. On the other hand, it arises "every day from taking things into the " stomach which disagree with it. I formerly " mentioned how hereditary this description " of headache is, how frequently we see it in "fathers and in children; how frequently it " occurs in many members of the same family.

"Sometimes it will come on at regular, and "sometimes at irregular intervals; disap-" pearing, perhaps, after a certain number of "vears. It is so obstinate, that I do not " recollect curing a case of it; though I have "tried everything that could be devised. "Frequently, in this disease, there is confu-" sion of mind. Patients cannot apply them-"selves as they did before. They cannot " read long; and I have known some obliged "to give up study altogether. Frequently "there is vertigo, heaviness of the head, and "sleepiness; but, on the other hand, when " the stomach is most deranged, it is common " for persons to lie awake; they find it im-" possible to go to sleep. There is frequently " too, a ringing in the ears, tinnitus aurium, "and specks appearing before the eyes, "musca volitantes. There is frequently "great sadness, great depression of spirits. "Patients are very restless and fidgety, and "sometimes their temper is very irregular; " so that you must take care not to say many "things which at other times you might say " with impunity. Voltaire, you will recollect, " gives special directions to those going to "ask a favour of the prime minister. "tells you to ascertain whether he has had "his bowels opened in the morning; so " much does temper depend upon the ali-" mentary canal. He says you should always " go to the valet-de-chambre, and ask if all has "gone on regularly; and if you find that it " has, then you may ask your favour. "heart also sympathizes with the stomach. "There is frequently palpitation in these " cases; and sometimes an intermittent pulse. "Frequently there is nightmare, or terrific "dreams. A partial consciousness, and yet " an inability to make a voluntary exertion, "come on during sleep; but when patients "can make an effort, they imagine they get "out of this condition. Incubus is a very "common symptom. There is frequently, "too, a sense of great debility; which is felt "particularly at the pit of the stomach. "You hear patients complain of this every "day; they say they feel as if their inside "were all gone to decay. Sometimes there "is a tremor of the whole body. The skin "likewise suffers. It is generally dry and "cold: but sometimes it is hot."

Now I repeat, that from the results of my observations, I am of opinion that the symptoms of deranged health and nervousness which this class of patients present, are due rather to the exhausting effects of the anterior excessive seminal discharges, than to any nocturnal or diurnal ones which may exist at the time of their seeking our professional aid. And in this view I am confirmed by the fact, that in the cases of patients who have indulged in onanism, but who nevertheless are not troubled with either excessive nocturnal or with diurnal seminal losses, I find exactly the same amount of deranged health and nervousness as I do in those who have practised self-abuse to the same extent, and who have besides both nocturnal and diurnal discharges of semen. It is therefore clear to my mind, that the state of health which these patients exhibit is entirely independent of and uninfluenced by the existence or nonexistence of such seminal discharges. utmost importance which can be attached to

their presence is that which may be due to the indication they afford of the existence of a certain amount of local erethism and irritation; and this applies in an especial degree to the diurnal discharges. For if we reflect on the probable amount of semen which is discharged in these cases of diurnal spermatorrhæa, and compare it with the quantity emitted in sexual intercourse by a healthy man, or even by such patients of this class as can indulge in connexion, we shall find that the loss by these diurnal discharges bears no comparison to that sustained with impunity in sexual congress. On this head Dr. Pickford justly remarks:—

"All the morbid sensations of a patient affected with involuntary seminal emissions, are regarded as consequences of this affection. Such a supposition, however, is radically false.

"Donné has remarked, that in a patient whom he examined, the loss of semen was so trifling as to be quite insufficient to account for the very serious symptoms with which the patient was affected. He, there-

"fore, does not regard the observed loss of "semen as the cause of the malady; but " gives no opinion respecting the relation of " this single symptom to the general malady. "The patient suffered, moreover, from general "constitutional derangement, from which, "added to the fact that his urine was turbid, "thickish, overloaded with sediment, both "organic and inorganic, and quickly putre-"fied, Lallemand would, without further " examination, have inferred the existence of "spermatorrhœa. Donné has rightly main-"tained, that the characters of seminiferous " urine, as given by Lallemand, are altogether "false; such urine, in fact, exhibits no cha-"racteristic appearances by which it can be " recognised with any degree of certainty.

"Donné found that his patient's urine contained semen only on those days which had been preceded by nocturnal emissions, viz., three times in eighteen or twenty days. The loss of semen could not, therefore, be the cause of the malady. Neither were excessive seminal losses detected in a patient who suspected their existence, in con-

" sequence of lameness in the lower extre-" mities, relaxation of the genital organs, &c. "The fourth and fifth of Donne's six cases " are by no means conclusive. One of these " patients was 40 years old, had previously " suffered from nothing but disordered diges-"tion, was apparently vigorous (it is after-" wards observed that he had suffered from "a slight degree of weakness). The other "was a man of 32, full of life and spirit, "without lameness or weakness, but had " noticed for some time a remarkable falling " off in his power of recollecting names and "numbers. In the viscous, turbid fluid dis-" charged from the urethra on going to stool, "seminal animalcules were found in large " quantity: nothing, however, is said of any " examination of the other symptoms of the " patient. These, however, are not the " characteristics of patients who really suffer " from diurnal pollutions. The sixth patient " is a young surgeon, who details his symp-"toms in a much more intelligent manner "than hypochondriacs of this class generally " do: nothing, however, is said of the grounds "on which the diagnosis of spermatorrhea "was based. There remains, therefore, only "the first case related by Donné. In this "case, serious constitutional disturbances, and "very grave nervous symptoms, led to the "suspicion of spermatorrhea, and the existence of this was undoubtedly proved: the "urine contained daily a considerable quantity of semen.

"Generally, however, even in those pa-"tients who really have frequent seminal "emissions, the quantity discharged each "time is very trifling. It is rare that emis-" sions take place at every evacuation of the "fæces; hence the rule given by the French "physicians, to build the diagnosis only on "repeated examinations. We then find, "generally, not in all, but only in some of " the last drops of urine, which are evacuated "in straining to expel the fæces, a larger or "smaller quantity of spermatozoa. "estimate the quantity of semen thus dis-" charged at one or two drops on the average, "the estimate will not be too small. Sup-" posing, then, that a patient of this descrip"tion loses one drop of semen in a day, this,
"in a whole month, will scarcely amount to
"so much as one single pollution, the quan"tity of which is known to be about one or
"two drams. Moreover, the universal and
"always exhausting nervous excitement
"which follows coition, is entirely absent.
"And yet this trifling loss of semen is said to
"produce such fearful consequences, and the
"pollutions of the patient to be completely
"prevented by it!

"A physician would certainly be justified, "in hazarding a few modest doubts respect"ing the utility of local treatment in such 
"cases, or indeed in declaring himself unable 
"to see any justification for so violent a mode 
"of treatment as the cauterization of the 
"surface of the prostate gland with lunar 
"caustic; or lastly, in being rather sceptical 
"about the magical cures of such patients by 
"one or two applications of the caustic.

"Doubts as to whether seminal losses, "which are always inconsiderable, can be the "cause of serious derangement of the nervous "system, have already been put forward by " medical writers. Eisenmann, in his remarks " on Kaula's work (p. 76), makes the follow-"ing observations on this point: 'The " 'amount of semen lost in these involuntary "'discharges is quite inconsiderable; the "'total quantity which escapes during "'several days in the diurnal pollutions "' following the evacuation of urine and "'fæces, is less than that which is at once " 'discharged in a single act of coition. How, "'then, can so trifling a loss of semen pro-"'duce such fearful consequences, when " other men, or even the same man, before " 'he was thus affected, have suffered much "' more copious voluntary emissions in " 'sleeping with a female, without experi-" 'encing the slightest ill consequences there-"' from? The semen once deposited in the " 'vesiculæ seminales is destined for evacua-"' tion, and nothing can be more fallacious "' than to suppose that the re-absorption of "'this semen into the organism can do any "' good, or produce any increase of bodily "'strength and spirit. Nothing but an ex-"'citation, physical or moral, of the sexua.

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"' organs, by which the testicles are stimu-" 'lated to a more abundant secretion than "'the constitution is able to bear, can do "' any injury to the organism: but this ex-"'citement is altogether absent in sperma-"' torrhea, for otherwise such patients would " 'scarcely experience a diminution of their "' nightly emissions in addition to the so-"'called diurnal pollutions. Finally, how " 'can we talk of weakness from exhausting "'seminal emissions in such patients, at "' least in the first stage of their malady, "' when there are no diurnal emissions, and "'the nightly emissions are but moderately " 'frequent, while the patient's aspect is per-"' fectly good, his body well nourished and "'even vigorous, and the muscular power "' perfect, and nevertheless he suffers from "'excessive irritability, or from hypochon-"' dria and derangement of the perceptive "'powers?' See the cases mentioned by "Remak, at p. 149 of his 'Diagnostic In-"' vestigations.'

"Remak's observations on spermatorrhœa " (made on forty-five patients), partly relate

"to too frequent nocturnal emissions, partly " to seminal losses in the evacuation of urine " and fæces, which latter cases, according to "Remak, are much more frequent than the "former. It is, in fact, remarkable, that in "the cases adduced, the influence of these "losses on the constitution was so small. "The first patient was a journeyman "butcher, of strong build and dark com-" plexion, who complained of impotence and " of weariness, which came over him in his "laborious occupation. The third patient, "an officer, 32 years old, is impotent and "grows weary on the slightest exertion; "after one cauterization, however, he has a "nocturnal emission, and is able to take "walks several miles long. The fourth, a " student of 20, has been long treated in vain "for a fixed tormenting pain in the head, "near the crown, which destroys all his "mental activity: in spite, however, of his " spermatorrhea, he is in a condition, imme-"diately after his arrival in Berlin, to con-"tract a gonorrheea by sleeping with a " woman.

"These cases strongly tend to confirm the opinion of Eisenmann, that the seminal emissions are not the cause of the sufferings of these patients.

" of these patients. "Valentine \* is also of opinion that both " patients and physicians take these seminal "losses too much to heart. 'They think.' "says he, 'that the too frequent loss of so "' precious a fluid must in a short time de-"'stroy life. Experience shows the contrary. "'Involuntary seminal emissions may con-"' tinue for years without the patient dying, " ' or even being affected with tabes dorsalis, "' provided that he discontinues the practice "' of onanism, and does not give way to "' other sexual excesses. If a man is wearied "'by the ordinary healthy evacuation of "'semen, the cause of such weariness must "' be sought in the accompanying nervous " 'excitement. If this excitement is absent, "'the semen escapes without any ill effects.' "This statement probably, however, goes

<sup>\* &</sup>quot;Treatise on Human Physiology," vol. ii., pt. 3, p. 22.

"too far. True spermatorrhoea has certainly a very bad effect upon the organism; and in nocturnal emissions, as well as in too frequent sexual intercourse, there is not only the nervous excitement, but also the material loss to be taken into account. This is shown in cases of too frequent pollutions from purely local causes, such as those mentioned by Pauli. I question, however, with this writer, the frequency of this malady, and more particularly of true diurnal pollutions, in spite of the opposite statements of Lallemand, Kaula, and Eisenmann."

I feel that if the reader is not convinced by the above quotations from such eminent authorities on the subject, it will be useless for me to add any additional remarks of my own. I shall, therefore, content myself with merely saying, that the results of my own experience and observations entirely confirm their correctness.

With regard to the treatment of this class of patients, if the more prominent symptoms point to derangement of the organs of diges-

tion, the treatment must be carried out on the same general principles which regulate the treatment of this malady if resulting from other causes. If the nervous system is greatly affected, and the patients are hypochondriacal, they must be treated as ordinary hypochondriacs. In fine, the treatment must be directed with a view to the removal of any special disorder which may be more prominently developed, and the improvement of the powers of the nervous system and the general organism. At the same time, if there should be any indications of acute or chronic inflammatory action or undue sensibility and irritation of the bladder, or of any part of the urinary canal, as frequently happens, they should be treated on the same principles as would regulate their treatment when arising from any other cause.

I now arrive at the consideration of the cases of those patients who are beyond all doubt suffering under veritable Spermatorrhea.

I would in the first place remark, that this class of sufferers may be divided into two

kinds; viz., into those in whom the disease has originated from the practice of onanism in youth, and those in whom it is due to sexual excesses indulged in at a later period of life. Now, in regard to the former description of patients, we find them for the most part labouring under a similar group of symptoms to those which I have described as resulting from the practice of onanism in the cases of imaginary sufferers under spermatorrheea. As in those cases, so in these, the patients are mostly young men who have been early initiated into the practice of selfabuse, and they come to us complaining not merely of a want of sexual passions, or the loss of copulative powers, nocturnal and diurnal seminal discharges, but also of various and anomalous symptoms of derangement both mental and physical. The following description may be taken as the general type of symptoms presented by this class of patients. They are almost always young men, frequently of a pale, sallow complexion, and sickly appearance; nervous and very timid in their manners, speaking sometimes

with great hesitation, and at others in a hurried manner. They complain of want of memory, a want of power to apply themselves to the study of any important or even ordinary matters. Dislike to society, variable spirits, palpitation of the heart, produced on the slightest exertion or even sometimes from merely having to speak to a stranger. The bowels are irregular, appetite uncertain, at times eating voraciously, at others loathing even the sight of food. Headaches, imperfect vision, cramps in the legs, inability to sleep, too great a disposition to sleep, and in short a whole host of variable and contradictory symptoms.

With regard to their sexual functions: they for the most part believe themselves impotent, and consequently refrain from all attempts at connexion. Some, however, make occasional attempts at sexual intercourse, and then they complain of non- or imperfect erections, premature emissions, unaccompanied by any feelings of pleasurable excitement on the occurrence of this crisis, the cessation of the erection before emissions.

They further very often complain that at the time of making these attempts they are seized with palpitations of the heart, accompanied by such a general feeling of nervousness, depression, and alarm, as to utterly destroy their sexual desires, and thus make them only wish to escape at once from their female companion.

Now I am convinced that, although these patients suffer more or less from too frequent nocturnal or excessive diurnal involuntary seminal discharges, yet, as in the cases of the imaginary victims of spermatorrhea, the preceding symptoms are due in a much greater degree to the former premature and excessive seminal losses which the patients have sustained by self-abuse, and the consequent injurious influence thereby excited on the proper nutrition, growth, and healthful development of the youthful organism, than to any injurious consequences which are resulting through the existing nocturnal or diurnal seminal emissions. These losses, I repeat, do not-nay, could not per se-occasion the symptoms referred to. They may, however, and

doubtless do, aggravate the local debility and derangement existing in the generative system; whilst at the same time their presence is certainly an indication of the existence of a considerable amount of local disturbance, which cannot fail to make the patient's treatment and cure more difficult and tedious.

I am confirmed as to the correctness of these views, by finding that, in the cases of those patients who are suffering under nocturnal or diurnal spermatorrhea, produced by excessive sexual intercourse, indulged in at a later period of life, that is, after the full growth and development of the body has been accomplished, this train of symptoms is for the most part wanting. It is indeed astonishing to what extent excessive sexual intercourse can be indulged in with impunity after the full development of the organism has been effected, especially if there has been no antecedent self-abuse, or excessive sexual indulgences. And even when ill consequences do follow, these effects show themselves more in functional derangements of the generative

system than in the general health. Thus the complaints of patients of this class refer for the most part to local symptoms of derangement, rather than to general or constitutional disturbances. They complain of a want of desire for connexion, non- or imperfect erections, premature or too tardy emissions, and the absence of any pleasurable excitement on the occurrence of the seminal emissions, whilst they will at the same time tell us, that in regard to their general health and bodily strength they were never better in their lives.

I have at this time a gentleman under my care whose case corroborates these views. Some five years since, this patient formed a connexion with a lady with whom he was desperately enamoured. His passion occasioned most excessive sexual excitement, and under this influence, sexual intercourse was indulged in for a considerable period beyond all rational bounds. Ultimately circumstances separated the parties, and some months after, the patient, in sexual intercourse, found the erections less perfect, and

the emissions excessively premature. likewise remarked that on going to the water-closet there almost always occurred a profuse slimy discharge. These symptoms had existed for more than three years before my first seeing the patient, which was more than twelve months since. On making an examination of the discharge I found it to be seminal. The patient informed me that in regard to his general health, it was in no degree impaired. I should state he had been cauterized by an eminent hospital surgeon, without deriving the slightest benefit therefrom. At this time, he did not place himself under my care for treatment, but merely had my opinion on his case; but three months since, finding all the symptoms continue, he determined on requesting me to attend him.

The result of the treatment up to the present time has been to stop almost entirely the seminal discharges at the water closet (not more than four having occurred all the time he has been under my care), and the erections are stronger and the emissions less premature: under these favourable circum-

stances, we are in great hopes of an ultimate and complete cure being effected.

I might relate a great many other cases (some now under my treatment), all showing that when the spermatorrheal discharges are produced at a comparatively late period of life by excessive sexual intercourse, the patients do not exhibit the same extent of general and nervous derangement as those who owe their condition to sexual abuses practised anterior to the period of puberty. Indeed it may be regarded as an indisputable axiom, that the period of life in which the venereal act (in excess or otherwise) is, cæteris paribus, the least injurious, is that which commences when the general organization is completed and has reached its state of perfection; and we may add to this, that venereal enjoyments dating prior to this period are, cæteris paribus, the more injurious, the more distant they are in point of time from that age.

With respect to the treatment of these cases, it is absolutely impossible to lay down any exact rules; for the symptoms are so

variable, and the patient's condition, both moral and physical, often so peculiar and exceptional, that each case must be treated, so to speak, on its own merits.

I need hardly remark, that in the cases of young men suffering more or less under the general symptoms above described, arising as those symptoms do from causes entirely independent of the existing spermatorrhea, the treatment must be based on such general principles as would regulate the treatment of any other patients labouring under the same group of symptoms, if occasioned, as they might be, by other causes than onanism or sexual excesses. When through the administration of proper remedies, both the moral and physical tone of the patient has been restored, or is improving under treatment, attention may be directed to the local condition of his generative organs. Thus, if there be symptoms of undue sensibility and irritability of those organs or portions of them, such remedies should be prescribed as would be ordered if a similar condition of the parts were produced by any other cause than onanism or venereal excesses, as, for example, from the transmission of gonorrhoeal inflammation from the anterior to the posterior portions of the urinary canal. When the undue sensibility or irritability has been subdued, remedies calculated to impart tone and vigour to the generative system should be prescribed, care however being taken not to commence too early with this class of remedies. I am satisfied that the failure of tonics in many instances to afford relief, arises in most cases from their premature and too indiscriminate administration.

There can be no doubt that both onanism and excessive sexual indulgences, have a great tendency to create a species of erethism or irritability of the neck of the bladder and the prostatic portion of the urethra. In some cases the irritation is of an acute, in others of a chronic, character. In the former case opiates and emollient remedies must be given, and even in the latter, they may be also frequently prescribed with benefit at the commencement of the treatment. With regard to local treatment: the occasional introduction of a

simple or medicated bougie, as used in cases of irritable urethra produced from other causes, is frequently of great benefit to the patient, as mentioned at page 44. I believe that the simple or medicated bougie properly employed is capable of producing all the beneficial effects which the advocates of the solid caustic and caustic injection treatment claim for those preparations, without at the same time exposing the patient to the same suffering and risks which, beyond all doubt, attend their employment.

When by these means any existing local irritability is removed, or at all events lessened, a judicious course of tonic treatment will very generally complete the patient's cure. But here I must again observe, that, useful as tonics are in many cases, their importance in the treatment of patients of this class is frequently exaggerated, and even their administration abused; for there is no doubt that cases are constantly met with in which such remedies are injurious, inasmuch as seminal emissions do not by any means always depend on atony, weakness, or re-

laxation of the sexual economy; but, on the contrary, result from an over-excitement of the generative system, requiring therefore remedies of a totally opposite nature. Hence, in order that tonics may really produce the good effects expected from them, we must know well how to distinguish the cases to which they are applicable, and seize upon the particular stage of the disease in which the use of them is called for. When used without this discrimination, they will as often prove injurious as beneficial.

In cases of spermatorrhæa in older men, resulting from sexual excesses, the treatment may in most instances, from the absence, as I have stated, of any symptoms of general constitutional derangement, be at once directed to the organs specially affected. And the same principles of local and general treatment which I have recommended in the preceding cases, after the removal of the general derangement, are equally applicable to the cure of this class of patients.

In short, our object must be, on the one hand, to allay the morbid excitability and irritability of the generative system, and on the other to restore the organs to a vigorous tone.

I have only to add, that during the last twenty-three years, I have treated many thousands of these cases on the general principles indicated, and the average results have been such as to afford every satisfaction both to myself and to my patients; whilst even in those cases in which a cure has not been accomplished, I and my patients have at all events had this consolation under the failure; namely, that the means and treatment adopted, if they have failed, have at any rate not added greater sufferings and more serious maladies to the original disorder; and this, I take it, is more than those who practise and those who submit to the treatment of cauterization or caustic injections can in many instances with truth declare.

If the opinions expressed in the preceding pages are correct, as I believe them to be, it is clear—

First, that a vast proportion of those patients who are labouring under different varieties and degrees of sexual debility, as well as greater or less derangement in their general health, following on the practice of masturbation in early youth, or premature venereal excesses with women, and who, under the prevailing Spermatorrheal monomania, attribute their condition to existing involuntary rather than to preceding voluntary spermatic losses, are altogether labouring under a delusion; and when they have been told they are thus suffering, it has mostly been by some quack from the most odious and sordid motives.

Secondly, that in a considerable number of instances in which involuntary nocturnal or diurnal losses have been honestly detected, yet on a continuous examination of the patient, it has been ascertained that such losses have only occurred at such prolonged intervals, and in such limited quantities, as to place it beyond all doubt that whatever functional derangements or debility of the genitourinary organs the patient might be labouring under, were not occasioned by them.

Thirdly, it is more than questionable

whether involuntary seminal discharges may not, and in fact do not, happen to men in full health and vigour, both general and local; and, consequently, the mere occurrence of such losses affords, *per se*, no warrant for the conclusion of the existence of any serious lesions in the generative organs.

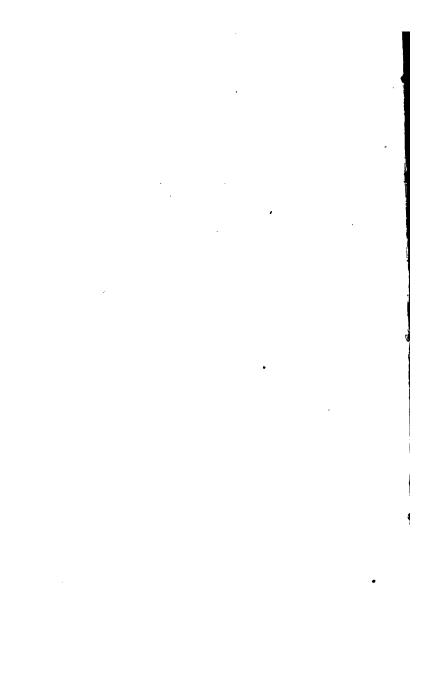
Fourthly and lastly, both nocturnal and diurnal involuntary seminal discharges do occasionally happen with such frequency and to such an extent as, if not in the first place, to give rise to the distressing general moral and physical derangements exhibited by the patients, in addition to their sexual infirmities, at all events to greatly aggravate them.

I am most anxious to impress these facts on patients who in reality or imagination only are suffering under Spermatorrhea, because this idea that they are the victims of imperceptible losses of semen is not only an incessant source of misery to them, but adds greatly to their nervous and desponding condition, and thus renders their cure more difficult. Freed from these erroneous and delusive theories, their cure will be more than half

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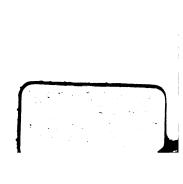
accomplished. To such patients, therefore, I will now, in bringing my remarks to a conclusion, offer this parting advice: Do not, because you may unfortunately have been led in early youth to practise self-abuse, and are subsequently suffering under some functional derangements of the sexual organs, jump to the conclusion that you are a victim of Spermatorrhæa, or allow yourself to be persuaded to this by parties whose sole object is in all probability first to excite your fears, and then to plunder you. Above all things, avoid the quacks!

THE END



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